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|---|---------------------------------|-----------------------|-------------------------------|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. M0925.70094US01 |
| Application No. 10/764,768-Conf. #9737 | Filing Date January 26, 2004 | Examiner D. Truong | Art Unit 1711 |

Applicant(s): Timothy M. Swager et al.

Invention: POLYMERS WITH HIGH INTERNAL FREE VOLUME

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|---|----------------------------------|--------------------------------|-----------------------------|----------|--------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 46 | - 20 = | 0 | x 25.00 | 0.00 |
| Independent Claims | 3 | - 3 = | 0 | x 100.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Statutory Disclaimer Extension for Response within First Month | | | | | 65.00 |
| | | | | | 60.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 125.00 |

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. 23/2825 in the amount of \$ _____
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 125.00 to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 23/2825 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Timothy J. Oyer
Timothy J. Oyer, Ph.D.
Attorney/Agent Reg. No.: 36,628

Dated: January 12, 2007

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/764,768

Attorney Docket No.: M0925.70094US01

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Signature

Judy Daley

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Fee Transmittal
Amendment in Response to Non-Final Office Action
Amendment Transmittal
Terminal Disclaimer by Applicant Attorney
Check in the amount of \$125.00
Request for Extension of Time



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

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|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| | | Application Number | 10/764,768-Conf. #9737 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | January 26, 2004 |
| TOTAL AMOUNT OF PAYMENT (\$) | | First Named Inventor | Timothy M. Swager |
| | | Examiner Name | D. Truong |
| (\$) | | Art Unit | 1711 |
| | | Attorney Docket No. | M0925.70094US01 |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account | Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------|------------------------------|----------------------------------|------------------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity Fee (\$) | Fee (\$) |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 46 - 20 = 0 | | x | 25.00 | = 0.00 | Fee (\$) | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 3 - 3 = 0 | | x | 100.00 | = 0.00 | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| - 100 = | | /50 (round up to a whole number) x | | = | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 2814 Statutory Disclaimer | | | | | | 65.00 | |
| 2251 Extension for response within first month | | | | | | 60.00 | |

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|---------------------|------------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 36,628 |
| Name (Print/Type) | Timothy J. Oyer, Ph.D. | Telephone | (617) 646-8000 |
| | | Date | January 12, 2007 |